|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| For Internal Use Only: | | | | Number: | | | | | | | | | | Date Received: | | | |
| **Application for: OUTREACH SUPPORT WORKERS** | | | | | | | | | | | | | | | | | |
| **SECTION 1** | | | | | | | | | | | | | | | | | |
| **ORGANIZATION IDENTIFICATION** | | | | | | | | | | | | | | | | | |
| **(\*) Denotes mandatory fields** | | | | | | | | | | | | | | | | | |
| **1.1** Organization type\* Private ☐ Not-For-Profit ☐ Municipal ☐ Other ☐ | | | | | | | | | | | | | | | | | |
| **1.2** Legal Name\*  Click or tap here to enter text. | | | | | | | **1.3** Telephone Number\*  Click or tap here to enter text. | | | | | | | | | | |
| **1.4** Project Name  Click or tap here to enter text. | | | **1.5** Email  Click or tap here to enter text. | | | | | | | | **1.6** Year Established  Click or tap here to enter text. | | | | | | |
| **1.7** Organization Address\*  Click or tap here to enter text. | | **1.8** City/Town  Click or tap here to enter text. | | | | | | | **1.9** Province  Click or tap here to enter text. | | | | | **1.10** Postal Code  Click or tap here to enter text. | | | |
| **1.11** Incorporation Number (Charter / letters patent)  Click or tap here to enter text. | | | | **1.12** Incorporation Date (mm-yyyy)  Click or tap here to enter text. | | | | | | | | | | | | | |
| **1.13** Business Number\* (Canada Revenue Agency)  Click or tap here to enter text. | | | | | **1.14** GST / HST / QST Numbers  Click or tap here to enter text. | | | | | | | | | **1.15** Tax Refund Percentage  Click or tap here to enter text. | | | |
| **1.16** Main Mandate and Activities\*  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **Organization Contact** *(this should be the primary contact person in respect to this application for funding)* | | | | | | | | | | | | | | | | | |
| **1.17** Given Name(s)\*  Click or tap here to enter text. | | | **1.18** Surname\*  Click or tap here to enter text. | | | | | | | | | **1.19** Position Title  Click or tap here to enter text. | | | | | |
| **1.20** Contact’s Address\* *(if different from above)* Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **1.21** City/Town\*  Click or tap here to enter text. | | | | | | **1.22** Province/Territory\*  Click or tap here to enter text. | | | | | | | | **1.23** Postal Code\*  Click or tap here to enter text. | | | |
| **1.24** Telephone Number\*  Click or tap here to enter text. | | | | | | **1.25** Email  Click or tap here to enter text. | | | | | | | | | | | |
| **B) LEGAL SIGNING OFFICERS** | | | | | | | | | | | | | | | | | |
| **Contribution Agreement\*** | | | | | | | | | | | | | | | | | |
| **Title** | | | | | | | | **Name** | | | | | | | | | |
| 1. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| 2. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| 3. Click or tap here to enter text. | | | | | | | | Click or tap here to enter text. | | | | | | | | | |
| How many signatures are required to bind the applying organization into a legal agreement?  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| From among these authorized signatures, what is the position title of the officer(s) whose signature is always required to bind the applying organization into a legal agreement?  Click or tap here to enter text. | | | | | | | | | | | | | | | | | |
| **C) AMOUNTS OWING TO CANADA** | | | | | | | | | | | | | | | | |
| **1.26** Does the organization applying owe any amount to the Government of Canada and/or Province of Ontario department or agency in default?  If so, please specify:  Click or tap here to enter text. | | | | | | | | | | | | | Yes | | No |
| Amount Owing | Nature of the Amount Owing  (tax, penalty, overpayment) | | | | | | | | | Government Department or Agency to Which the Amount is Owing | | | | | | |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | |
| $Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | |
| $ Click or tap here to enter text. | Click or tap here to enter text. | | | | | | | | | Click or tap here to enter text. | | | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SECTION 2** | | | | | |
| **OUTREACH SUPPORT WORKERS PROGRAM DESCRIPTION** | | | | | |
| **2.1 Intervention Requirements** \* Please read all requirements as they apply to your proposal | | | | | |
| **Outreach Support Worker: Core Services** | | | | | |
| **Client-centered Supports** | * Support basic needs while in the warming bus. * Assist households and individuals to connect with Emergency Shelter and/or drop-in services. * Assist households and individuals to connect to appropriate referrals. * Manage capacity on the bus. | | | | |
| **Target Population** | * People experiencing homelessness or need a place to warm up. * Women, Men, Trans-feminine, Trans-masculine, Two-Spirit, and Non-binary persons. * Families, couples, and singles aged 16+ | | | | |
| **Gender Specific Services** | * Demonstrated ability to assess for safety concerns including risk of physical and sexual violence or exploitation and refer clients who present at risk to other Violence Against Women services as appropriate. * Exhibit the ability to provide appropriate services and support to women who are pregnant. * Inclusive practices to accommodate non-binary or trans clients seeking shelter. * Inclusive practices to support racialized and minority clients in culturally inclusive ways (e.g. referral to Indigenous supports etc.). * Demonstrated ability to provide safe and secure environment. * Trauma-informed care approach to service. * Strength-based approaches to engagement. * Demonstrated ability to understand and consider all aspects of each client’s unique safety needs and provide appropriate resources to best meet those needs. | | | | |
| **Indigenous Considerations** | * Organizational Commitment to Truth and Reconciliation Commission of Canada: Calls to Action; and United Nations Declaration on Indigenous Persons. * Committed to collaboration and coordination with Indigenous community partners and social service agencies. | | | | |
| **Basic Provisions** | * Warming space for as long as occupancy and service hours permit. | | | | |
| **Staffing Ratio** | * One staff (and sufficient coverage) from December 1, 2023 – March 31, 2024 - 7 days per week from 10:00 p.m. to 6:00 a.m. | | | | |
| **Service Standards** | * Standards ensure freedom from discrimination under the Ontario Human Rights Code. * Services are designed to promote low-barrier access for those seeking shelter. * Supply and support with harm-reduction services, materials and safe disposal. * Naloxone availability and staff training to administer. * Assist households and individuals to connect with other Emergency Shelter services. * Assist households and individuals to connect to referral support programs, as required. | | | | |
| **Acknowledgement** | I hereby acknowledge that I have read the above 2.2 requirements and I understand that all components listed above are required in this proposal | | | |
| **22 Operational Description** | | | | | |
| Describe what outreach support services look like in practice.  Click or tap here to enter text. | | | | | |
| **2.3 Gender Specific Services** | | | | | |
| Describe your proposal for, or previous experience with, developing and operating outreach support services with gender specific services including, safety concerns, support for pregnant women, survivors of domestic violence and sex trafficking, Indigenous women and trans/non-binary clients.  Click or tap here to enter text. | | | | | |
| **2.4** **Indigenous Services** | | | | | |
| Describe how the outreach support worker will provide, support and accommodate services for First Nation, Inuit and Metis clients  Click or tap here to enter text. | | | | | |
| **2.5 Navigating Community Resources** | | | | | |
| Specify the outreach support strategies to support clients in navigating the broader human services systems (shelters, drop-ins) and describe the type of partnership (i.e. Information sharing, networking, collaborating, integrating.) \**Note*: Outline any partnerships with child welfare, health, corrections and social services.  Click or tap here to enter text. | | | | | |
| **2.6 Partnerships** | | | | | |
| Are there any formal partnerships in place to enhance the delivery of harm-reduction services? (i.e. local partnerships, health-related partnership etc.)  Yes  No  If *Yes*, with whom??  Click or tap here to enter text. | | | | | |
| **2.7 Risks Anticipated** | | | | | |
| **Risk Identified** | **Probability**  **(High/Medium/Low)** | **Impact to Intervention Operations** | | **Mitigation Plan/ Response Plan** | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | | Click or tap here to enter text. | |
| **2.8 Safety** | | | | | |
| Please provide a thorough description of the proposed outreach support worker’s approach to ensuring client, staff, and community safety.  Click or tap here to enter text. | | | | | |
| **2.9 Privacy** | | | | | |
| Please provide a thorough description of practices and policies that ensure privacy requirements are met (i.e. policies related to record keeping, client confidentiality, client files etc.)  Click or tap here to enter text. | | | | | |
| **SECTION 3 3333 44** | | | | | |
| **SERVICE DELIVERY** | | | | | |
| **3.1 Service Objectives** | | | | | |
| Please describe how your outreach support services proposal will directly contribute to ending a client’s experience of homelessness.  Click or tap here to enter text. | | | | | |
| **3.2 Connections to Supports** | | | | | |
| Please articulate how the proposed outreach support services will connect clients to housing and supports (directly if necessary).  Click or tap here to enter text. | | | | | |
| **3.3 Equity, Diversion & Inclusion** | | | | | |
| Equity, Diversity & Inclusion: How does the proposed intervention model apply an equity, diversity and inclusion analysis to its design and operations?  Click or tap here to enter text. | | | | | |
| **SECTION 4** | | | | | |
| **ORGANIZATIONAL CAPACITY** | | | | | |
| **4.1** How many employees does your organization currently have? | | | Click or tap here to enter text. | | |
| **4.2** Has your organization undergone any important transformations in the last two years? Yes  No  *(If yes, please provide a description of the changes)*  Click or tap here to enter text. | | | | | |
| **4.3** Please explain how your organization has the experience and expertise required to carry out the proposed outreach support staffing/services. If applicable, include any past experiences with **Community Homelessness Prevention Initiative (CHPI), Homeless Partnering Strategy (HPS) and Reaching Home (RH)** funding.  Click or tap here to enter text. | | | | | |
| **4.4 Proposed Staffing Model** | | | | | |
| Job Function (i.e. Fulltime Case Manager, Relief/Part-Time Case Manager, Supervisor, Coordinator, Administrative Assistance) | | | Full Time Employee equivalent (i.e. 1.0 FTE, 0.5 FTE) | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| Click or tap here to enter text. | | | Click or tap here to enter text. | | |
| **4.5 Training Needs** | | | | | |
| Outline the training you anticipate will be required to deliver low-barrier, outreach support services.  Click or tap here to enter text. | | | | | |
| **SECTION 5 5** | | | | | |
| **BUDGET** | | | | | |
| **5.1 Total Ask** | | | | | |
| a) What is the total annualized cost of the proposed intervention project?  Click or tap here to enter text. | | | | | |
| b) What is the total amount you are asking from the City of Hamilton in this application?  Click or tap here to enter text. | | | | | |
| **5.2 Total Budget** | | | | | |
| \*Complete and submit with this application the Detailed Intervention Project Budget form. | | | | | |

|  |  |  |
| --- | --- | --- |
| **SECTION 6** | | |
| **DECALARATION** | | |
| I/We understand that:   1. The City of Hamilton reserves the right not to allocate any portion of the funds mentioned in this Call for Application, for any reason. 2. Any decision made by the City of Hamilton, to provide funding to a non-profit corporation will not be binding with the City of Hamilton until a legally enforceable Agreement has been executed by both the City and your organization. 3. Any funding Agreement resulting from allocations made under this Call for Application will contain a clause stating that the City of Hamilton may terminate or suspend the Agreement at any time, without cause, upon not less than three (3) months’ written notice of intention to terminate. 4. All information contained in this application is subject to the *Municipal Freedom of Information and Protection of Privacy* Act R.S.O. 1990, c.M.56. As such, it is public information and may be disclosed to third parties upon request under the Act. | | |
|  | | |
| Click here to enter text.  Signature of Executive Director | Click here to enter text.  Name of Signatory | Click here to enter a date.  Date |
|  |  |  |
| Click here to enter text.  Signature of Board President or Chair  (or other signing officer) | Click here to enter text.  Name of Signatory | Click here to enter a date.  Date |
| *If this is a collaborative application, it should be electronically signed by the Chair or President of the lead applicant’s board of directors.* | | |